

2000 UNIFORM BUSINESS REPORT (UBR)

5/3:

FILED

Jun 29, 2000 8:00 am
Secretary of State

05-31-2000 90028 042 ****70.00

DOCUMENT # N99000005431

1. Entity Name

GRACE MINISTRIES INTERNATIONAL OF JACKSONVILLE.

R

Principal Place of Business

Mailing Address

4232 GARIBALDI AVENUE
JACKSONVILLE FL 32210

4232 GARIBALDI AVENUE
JACKSONVILLE FL 32210-8514

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3599469

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

STARK, ROGER B
4232 GARIBALDI AVENUE
JACKSONVILLE FL 32210

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. DIRECTOR ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D PRESIDENT / TREASURER
STREET ADDRESS STARK, ROGER B CHAIRMAN OF THE BOARD
CITY-ST-ZIP 4232 GARIBALDI AVENUE
JACKSONVILLE FL 32210

TITLE ☐ Change ☒ Addition
NAME MCNUITY THAD
STREET ADDRESS 1881 CHALLENGER AVENUE
CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE ☐ Delete
NAME D DIRECTOR
STREET ADDRESS USRY, JOE
CITY-ST-ZIP 1956 BOLIN ROAD
NORTH AUGUSTA SC 29841

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D SECRETARY
STREET ADDRESS ADKINSON, DERYLE
CITY-ST-ZIP 2126 HARVESTER STREET
JACKSONVILLE FL 32210

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROBERT BRETHARD JIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)